

# LMC NEWS

## Cornwall & Isles of Scilly Local Medical Committee

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Items for the Newsletter are always welcome, and should be sent to the Editor, Rosalind Winter, at The Sedgemoor Centre, Priory Road, St Austell PL25 5AS (Tel 01726 627978, Fax 01726 76247, e-mail [ros@kernow-lmc.demon.co.uk](mailto:ros@kernow-lmc.demon.co.uk)). See also our website at [www.kernow-lmc.co.uk](http://www.kernow-lmc.co.uk)

### NEW GPC GUIDANCE DOCUMENTS

Three new guidance documents in the GPC's "Focus on ..." series have just been published on the BMA website:

*Focus on ... the Choice and Booking DES*

*Focus on ... Revisions to the GMS Contract*

*Focus on ... Access*

Also just published is GPC Guidance on *The suspended GP performer*.

LMC members will receive copies of all these in due course with their meeting papers.

If you would like copies of any of these documents and find you can't access them from the BMA, let us know by email and we will try to send you electronic copies, but we can't guarantee that GroupWise won't block them, as is happening more and more these days.

### PHYTO-STEROL RESEARCH IN CORNWALL

The LMC has been approached by the pharmaceutical firm Kruger-Biomass-Hamburg who are planning to build a research and manufacturing facility at Roche Business Park. They will be looking for GPs countywide to participate in trials and research. Their particular interest is phyto-sterols, naturally occurring substances which are known to reduce cholesterol, as in Flora ProActiv. It has been discovered that cabbages and cauliflowers, particularly the stalks, are a rich source of these lipid-lowering agents. Cornwall, as the UK's major cauliflower growing region, is considered an ideal location. K-B-H will also be assisted by an EU grant and Objective One South West funding. The beginning of the year and spring will be the periods of maximum activity. The phyto-sterol content of cauliflower stalks is considerably enhanced by a moderate degree of putrefaction, as naturally occurs in the fields of Cornwall with the mild damp winter climate. It is also highly likely that Biofuels will be made with the residue from the refining process. The open windy nature of the Roche site should minimise environmental impact of the facility.

The effectiveness of cauli-phyto-sterols has been found to be better than others to date, but there is a problem from enteric gas by-products. Besides monitoring lipid levels K-B-H will be using Flatus - Diffraction Infrared Chromatography hydrocarbon analysis (F-DIC) to identify and reduce offensive gaseous emissions. This will involve trial patients collecting samples in special gas jars. Patients will need to collect flatus samples in these gas jars by a water displacement method similar to classic chemistry lab gas collection. It should particularly appeal to vegetarians who seem expert at this sort of thing. The specimen jars will have a hydrocarbon detection indicator strip to prevent cheating, i.e. jars full of fresh air rather than flatus being returned to the laboratory. Trial patients will require access to use a bath for their specimen collection.

This is potentially a huge money spinner for K-B-H and they propose, with ethical approval, to pay trial patients. GPs involved will also be well remunerated and earn an additional recruiting fee for each patient entered in the trial. If you are interested please let the LMC have your name. Recruitment of patients, for what they hope will be a large cohort trial, will take place aiming for a start date of April 1<sup>st</sup> 2007.

**LETTER TO THE EDITOR**

Dear Editor,

I was amused to see in your March Newsletter the juxtaposition of articles decrying Choose and Book and also decrying lost referral letters.

Referral letters uploaded to Choose and Book are very unlikely to \*\*\*-get lost\*\*\*. Practices that record consultations on their computers will know the electronic records are accessible when the paper ones are lost, and the same is true with referral letters.

If the hospital is unable to find a referral letter printed out from Choose and Book, they can simply print out another one, rather than bother the referring practice.

May I suggest your readers revisit Choose and Book; it is now more stable, services are much easier to find, practices can be paid for their effort via a DES, GPs can delegate the computer work to their staff and referral letters are unlikely to get lost.

Yours sincerely,

Simon Barton,  
Primary Care Adviser (IM&T),  
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**SMART CARD REGISTRATION ISSUES FOR GENERAL PRACTICE**

We have recently forwarded the following from Matthew Isom at the GPC to all Practice Managers for who we have a valid email address:

**We are looking for volunteers from amongst practice managers/staff to attend a workshop on the above. This will be run by Connecting For Health and is very much directed at the people who will actually be responsible for the administration of the smart card system within practices.**

**I would be grateful if you would forward this request to your local practices.**

**If anybody is interested, please could they respond directly to Dr Gillian Braunold (GP Clinical Lead at Connecting for Health) at: Gillian.Braunold@nhs.net**

If you are a Practice Manager and did not receive this from the LMC Office, please send your email address to ros@kernow-

**FEMALE GP RELOCATING TO CORNWALL****... AND SEEKING WORK**

**My family and I are moving from Bristol to Cornwall, to establish our new and permanent life.**

**I am currently looking for part time work (4-6 sessions, as I have two young children).**

**I would be interested in a partnership or a salaried post, and will be available for locums until I secure a regular post.**

**My names is Rachel Marsden.  
Please give me a ring on 0117 9147508 or  
07833 971272**

**PRIVATE PHLEBOTOMY**

A practice has recently been asked by a patient for a blood test for use in a multi-allergy test kit. The kit was bought from a local chemist for about £89 and included a standard letter to the GP asking the GP to co-operate in doing the blood test and also suggesting that the GP should not ask for a fee, or, if charging a fee, should keep it under £25.

Advice on this situation from the LMC Secretaries' Listservers is that the GP should first assess the patient and arrange any necessary tests under the NHS as part of normal GMS or PMS. If having had these - or instead of them - the patient still wants to use the multi-allergy test kit, then s/he should be advised to attend another practice for **private** phlebotomy. N.B. You cannot offer private phlebotomy to one of your own NHS patients.

Any doctor seeing such a patient privately for this purpose should make it very clear that s/he cannot endorse the accuracy of the test nor take any responsibility for any treatment that the patient might want following receipt of the test results. The fee charged by the GP for this private procedure should amply reflect all costs involved - so the patient should be warned in advance that £25 is unlikely to be adequate

**TAMAR FACULTY STUDY DAY**

RCGP Tamar Faculty Annual Study Day  
The Headland Hotel, Newquay  
Tuesday, 9 May 2006

**‘A plague on both your houses’  
‘If the birds don’t get you, the doctors will!’**

Designed for all GPs and others working in primary care, the Study Day covers two topical and important issues facing health care professionals today.

*The risk of **Global Pandemics** is an increasing concern which leaves many of us wondering whether we are ready and what we can best do to be prepared. With the help of an expert keynote speaker we will explore the subject and consider realistic approaches for our day-to-day practice.*

***Physician-Assisted Suicide** has been an issue for a long time but has now been highlighted by high profile cases in other European countries and recent proposed legislation in the UK parliament. Here we will give you the opportunity to debate the subject with colleagues and ‘experts’ presenting the arguments for and against assisted dying.*

In the beautiful surroundings of the North Cornish coast, the Royal College of General Practitioners Tamar Faculty Study Day will prove to be an enjoyable and stimulating event.

All GPs, GP registrars, practice nurses and managers and others in primary health care are welcome to attend.

The Faculty AGM will take place just before lunch.

For further details, please contact  
Liz Bell at the Faculty Office.  
Tel 01392 262744  
Fax 01392 432223  
Email [liz.bell@pms.ac.uk](mailto:liz.bell@pms.ac.uk)

**HOME OXYGEN SERVICE**

The GPC has been discussing the current situation with the Department of Health’s Head of Pharmacy. Apparently the situation is under more central control now, and a lead SHA is leading other SHAs and PCTs to ensure a smoother transition. They are working closely with suppliers and community pharmacies. They are concerned that GPs’ views and knowledge should be engaged in ensuring a smooth transition into the new arrangements.

The Department of Health recognises the need to simplify the form being used and its accompanying information. They are aiming for a simple form for all primary care staff and a crib sheet about flow rates (ie: if you used to order 3 cylinders a month, what does that equate to in flow rate). The GPC is to be given an opportunity to comment on this.

The Head of Pharmacy was very keen to stress that she appreciated the GPC feeding information about what was happening on the ground. She asked if there was anything else the Department of Health needed to know at this point, and was there anything else they could do to help GPs. So if there is anything about your local situation you would feed back to the Department of Health, then please send it to the LMC Office.

Finally the Department of Health made it clear they are very thankful for all the support GPs have given them.

**GP NON-PRINCIPALS LMC ELECTION**

**The closing date for registering to vote in the election of GP Non-Principal representatives to the LMC is 12 noon on Monday 3 April.**

**If you would like to vote and have not yet registered, please ‘phone or email the LMC Office without delay (contact details on page 1).**

### **APOLLO SOFTWARE**

Several practices have raised concerns about the new "Apollo" software which the SHA would like to see installed on their computers for the purpose of extracting patient information from practice systems in anonymised form. Never having heard of Apollo, we asked for advice from the LMC Secretaries' ListServer, and received the following from another LMC which has been looking at Apollo, and at a possible alternative, Newchurch:

"We have been aware of this remote accessing software for a few months now, and have been opposing its use vigorously. There is another system, Newchurch, that is much the same. Of the two, Newchurch was the preferred provider locally because Apollo has not received any ISO or similar quality standard.

"The LMC's opposition is not at the level of broad 'philosophy'. Many practices have told us that they would prefer a system that would allow a PCT or potential PBC cluster to pull necessary reports from their systems **SUBJECT TO OBVIOUS SAFEGUARDS**. This would alleviate the need to produce reports or analyse data for PCT and other requests, and, much as we might not like to admit it, our PCTs do have the right from time to time to seek data or reports for the purposes of planning and audit. Thus some of our practices see this tool as a time-saver for them.

"That said, we have raised objections on the following:

1 The tools purport to extract anonymised data but while this is ostensibly the case these systems can and will extract patient identifiable data, including free text.

2 The systems are alleged to produce a report authority marker for the practice to identify the type and amount of data to be extracted, but it remains unclear how this will be sufficiently identified and how a practice would authorise release.

3 It remains unclear if such audit, even if authorised by a practice, would be checked to

ensure there were no hidden routines or 'back door' access to practice systems.

4 We understand at least one system requires a separate provider-owned PC in the practice onto which the entire practice system is backed up in order for the extraction to take place. We also understand data would be uploaded and held in the system of the software supplier. We do not regard it as acceptable for patient data, possibly identified, to be held outside the NHS system by a software supplier.

5 We understand these systems are vulnerable to upgrades of GP computing systems that could make the extraction software crash without significant rewriting at each system upgrade.

"These are our immediate concerns, which we feel are more than sufficient to register alarms. We have attended a demonstration of Newchurch that was not satisfactory on these counts and are due to attend an Apollo demo later this week."

We have asked this LMC (to which many thanks) to keep us up to date on their findings, and we plan to discuss the problems of the Apollo software with the PCTs in due course. It would appear that a lot of what Apollo does could be of enormous convenience and benefit to practices and PCTs, but that there may be a real risk to patient confidentiality in the software as currently configured. Practices should therefore be wary of installing it (or of using it if they have already installed it) until these issues have been satisfactorily dealt with. We are particularly concerned that apparently the Apollo software has not yet received an ISO or similar quality standard.

We are also concerned that EMIS has apparently automatically downloaded Apollo onto practice systems as part of a recent software upgrade. This was discussed at the March meeting of the LMC. A letter setting out our concerns has gone to Mr Richard Armstrong, Head of Primary Medical Care at Quarry House, and we will reconsider our current advice as soon as we receive a response.

**DEPUTY/ASSISTANT DEPUTY CORONER VACANCY**

**H M Coroner for the County of Cornwall  
HAS A VACANCY FOR A  
Deputy/Assistant Deputy Coroner**

The Coroner for Cornwall is seeking a suitably qualified/experienced person to take on the role of Deputy Coroner/Assistant Deputy Coroner.

It is envisaged that the post holder will be available for an average of two days per week, likely to be made up of small amounts of time. Extra availability may be required to cover long inquests.

The successful applicant will:

have suitable post-qualifying experience as a qualified Medical Practitioner and/or lawyer of five years' standing

have a sound knowledge of law and legal procedures

be aware of emotionally sensitive situations and their impact on others, such as relatives

be able to work to set procedures and pay attention to detail

have excellent communication skills

be able to work with a wide range of people, including Police Officers, Witnesses and the media

have good investigative skills and able to think logically

Remuneration will be based on work undertaken (estimated at £600 per month gross).

Please write to HM Coroner at 14 Barrack Lane, Truro, Cornwall TR1 2DW for an application pack containing full details about this appointment. Completed application forms should be returned to the same address.

Closing date for applications is 13th April 2006.

**IUD PROVISION AND HORMONAL CONTRACEPTION AND SUBDERMAL IMPLANT PROVISION**

Enclosed with this Newsletter are flyers for two three-hour theory courses by Dr Sarah Gray at the Kingsley Suite Conference Room, Kingsley Village, Fraddon (see flyers for booking information):

**IUD Provision - Thursday 6<sup>th</sup> April 2006**

Suitable for those wishing to train to provide an **Enhanced Service for IUD** or simply to update previous knowledge.

and

**Hormonal Contraception and Subdermal Implant Provision**

**Thursday 25<sup>th</sup> May 2006**

Suitable for those wishing to train to provide an **Enhanced Service for Subdermal Implants** or simply to update previous knowledge.

**DR BASIL BILE WRITES ...**

Exciting news for animal lovers. Primates have been filmed using a sophisticated "tool kit" to dig termites out of their nest. The videos show the NHS managers using a big stick, stripped of its leaves, to tunnel a hole deep into the nest. The administrators then dig away at the mound with their hands and feet, before pushing a much thinner twig, with a frayed end, into the hole, and pulling out the insects that have crawled on to it. The film, secretly recorded in the Grand Duchy by a team from the Thick Planck Institute in Mevagissey, is believed to be the first to show health service bureaucrats systematically using more than one tool to accomplish a particular task. "They'll be telling us how to do our jobs next" mused TV heart throb and Cornwall and Isles of Scilly LMC Chairman Dr Phil Dumbit. Isn't nature wonderful?

There will however be a few fewer penpushers at dear old RCHT after Chief Exec Brian Millstone announced that the much loved Truro establishment was going to part company with 300 of its staff on account of having the small budgetary inconvenience of an 8 million quid shortfall. Since it is claimed this will have a minimal effect on services to patients it makes you wonder just what exactly the 300 were doing. Meanwhile the mightiest of all NHS crats du bureau, Sir Nigel "cheese-and-onion" Crisp, has been summarily voluntarily resigned by HM Gov as they need someone to shoulder the blame on account of the brown stuff hitting the fan big time in relation to NHS Trusts going tits-up right, left and centre. Another of his erstwhile ghastly ilk, Roy "Silly" Lilley, had the gall to remind everyone in

his little piece in the Daily Torygraph recently that we are the highest paid GPs in Europe. But then why not say I to rambling Roy, given the mountains of politically inspired crap from the likes of him we have to wade through every day of our working lives. The dreadful man went on to praise the idea of surgeries in supermarkets saying that it would annoy the medics, worry the nurses and delight the treasury, and that the solution to the NHS' woes lies not in sacking managers but in taking on the medical establishment. Guess we are seen as the bally problem rather than as part of the solution. You have been warned playmates!

Meanwhile any of you burnt out old bangers thinking of throwing in the towel and collecting your pension (what is left of it) in the next few months should think again. The first batches of H5N1 bird flu vaccine will be for the *exclusive* use of NHS staff and other key public workers according to health minister Rosie Eiderdown. So if you want to avoid bent feathers and beak rot you had better delay heading off into the sunset so you can qualify for immunisation against this deadly disease which according to numerous experts is about to wipe us all from the surface of the planet. As you will doubtless know, dear readers, bird flu infection was confirmed on a turkey farm in France just the other day, and by the time you read this I dare say the first budgie will have fallen foul of the fowl flu, probably in Milton Keynes. In a year's time the only people left on Earth could be immunised NHS staff and key public workers. Perhaps I'll retire early after all.....